

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019264

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 261

VS 300  
Rev. 4/59

6499

20495

3

4

5

6

7

8

95400

10

11

123-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Joplin

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Johns Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Webb City

d. STREET ADDRESS

(If outside, give location)

303 N. Walker St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ALFRED

JOSEPH

BROWN

4. DATE OF DEATH

Month

Day

Year

May 13, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-1-1902

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

driller

10b. KIND OF BUSINESS OR INDUSTRY

wells

11. BIRTHPLACE (City and state or country)

Denver, Colorado

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

unavailable

13b. MOTHER'S MAIDEN NAME

unavailable

14. NAME OF HUSBAND OR WIFE

Olga Kirby Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv

yes World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Olga Brown, 303 N. Walker

Webb City Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bleeding peptic ulcer

INTERVAL BETWEEN ONSET AND DEATH

4 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-30-52, to 5-13-62 and last saw her alive on May 12, 1962

Death occurred at 2:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

O. M. Hargis M.D.

22b. ADDRESS

110 N. Webb, Webb City, Mo

22c. DATE SIGNED

5-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

5-15-62

23c. NAME OF CEMETERY OR CREMATORY

Carl Junction Cemetery

23d. LOCATION (City, town, or county)

Carl Junction, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

KNELL MORTUARY

Carthage, Mo

25. DATE RECD. BY LOCAL REG.

5-16-1962

26. REGISTRAR'S SIGNATURE

Dore Merriam

(Licensed Embalmer's Statement on Reverse Side)

R.M. FERGUSON, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 21 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.